

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/937949

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51				/		
3		2					52				/		
4		2					53				/		
5		2					54				/		
6		0					55				/		
7		0					56				/		
8		0					57				/		
9		0					58				/		
10		0					59				/		
11		0					60				/		
12		0					61				/		
13		0					62				/		
14		0					63		/				
15		0					64				/		
16		/					65				/		
17		/					66				/		
18		0					67				/		
19		0					68				/		
20		0					69				/		
21	/						70				/		
22		/					71				/		
23		/					72				/		
24		/					73				/		
25		0					74				/		
26		0					75				/		
27		0					76				/		
28		0					77				/		
29		0					78			/			
30		0					79		/				
31		0					80				/		
32		0					81				/		
33		0					82				/		
34		0					83				/		
35		0					84				/		
36	/						85				/		
37		/					86						
38		2					87						
39		0					88						
40		0					89						
41		0					90						
42		0					91						
43			/				92						
44				/			93						
45				/			94						
46				/			95						
47				/			96						
48				/			97						
49				/			98						
50				/			99						
TOTAL IND.	3		3				100						
TOTAL DEP.	43		39				TOTAL IND.						
TOTAL CLAIMS	46		42				TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS